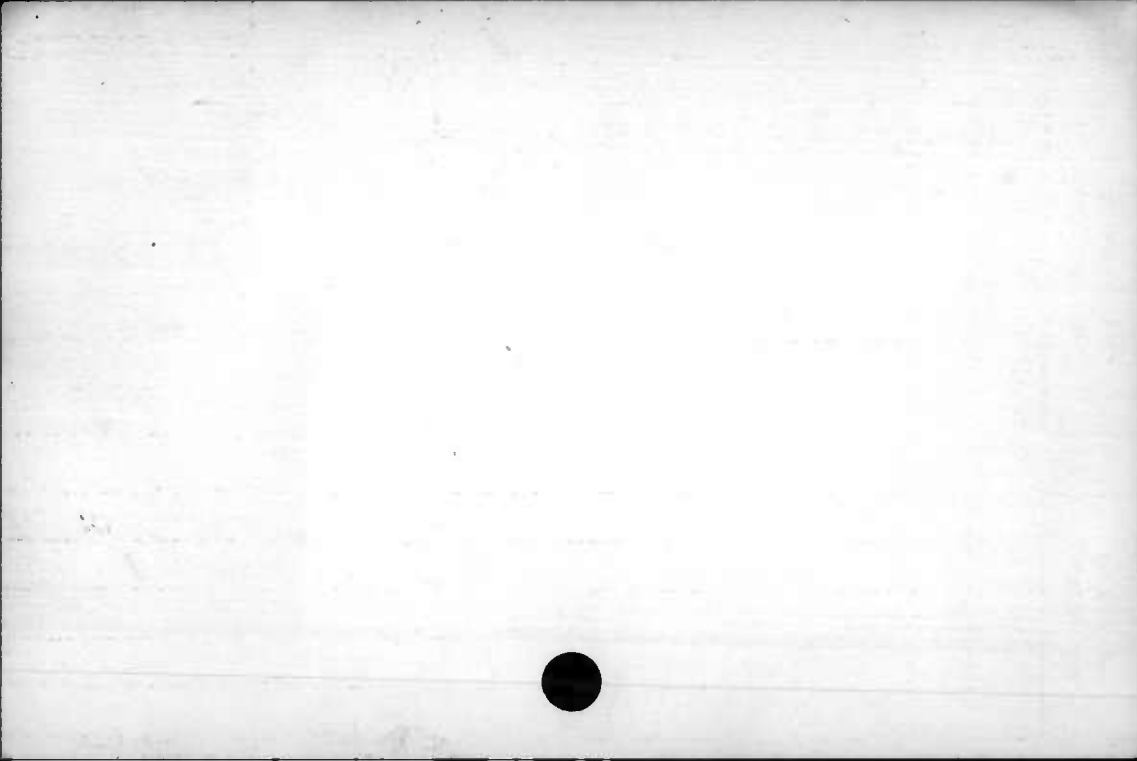


Name in Full		<i>Amelice B. Anthony</i>				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND	
		Died at <i>Greenbush</i>		<i>2</i>			
		Date of death	Month	Day	Years	Months	Days
		<i>1905</i>	<i>3</i>	<i>13</i>	<i>46</i>		
		Sex	Color or Race	Birth- place			
<i>Female</i>	<i>White</i>	<i>Carroll Co</i>					
Occupation		Where Residing if not at place of death					
<i>House wife</i>		<i>Greenbush</i>					
Married, Single or Widowed		Name of Wife or Husband					
<i>Married</i>		<i>M. B. Anthony</i>					
Father's Name		Father's Birthplace					
<i>Agnes Pool</i>		<i>Unknown</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Elizabeth Holden</i>		<i>Carroll Co</i>					
Name of person giving information		How related to deceased					

		CAUSES OF DEATH			
PHYSICIAN OR CORONER		Primary	<i>leaver of Lamin</i>	How long	<i>Nine months</i>
		Immediate	<i>Exhaustion</i>	How long	
		Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Howard B. Hopkins,</i>
				Address	<i>Greenbush,</i>
					<i>Md.</i>
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

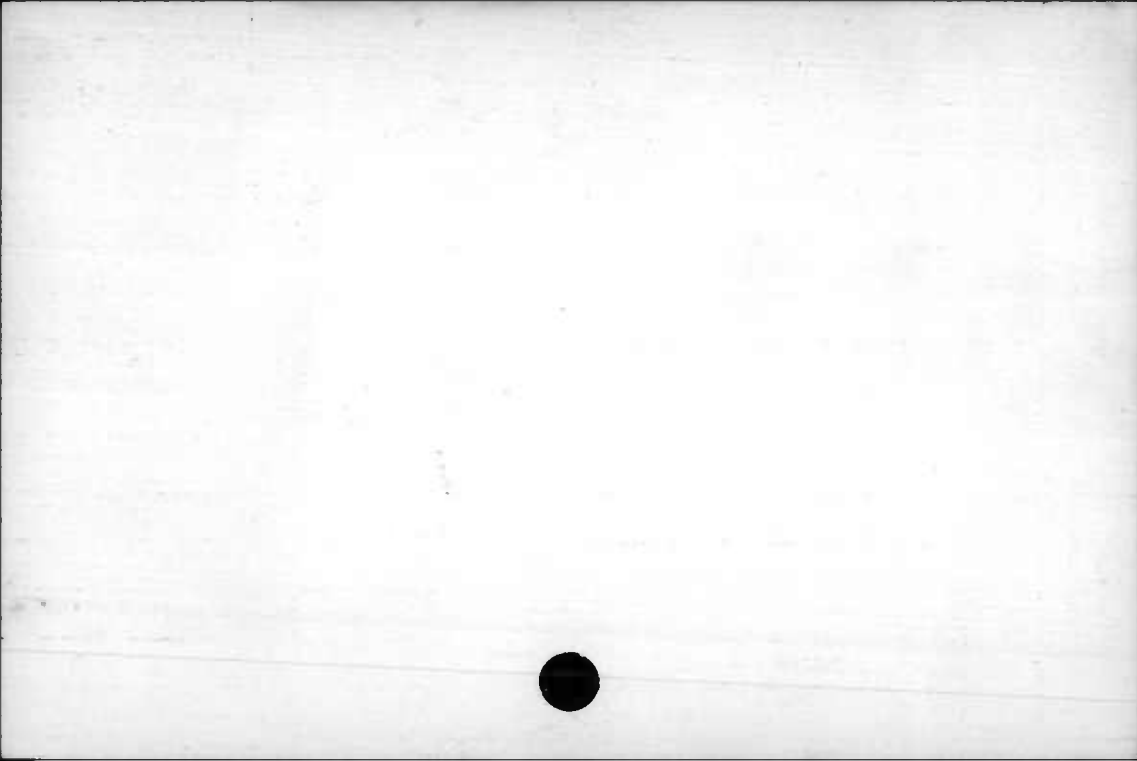
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Washington</i>		County <i>2 a Co</i>		MARYLAND	
Date of death		Month <i>1905-3</i>	Day <i>12</i>	Years <i>74</i>	Months		Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>England</i>				
Occupation <i>Butcher</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>Mary</i>				
Father's Name					Father's Birthplace <i>England</i>		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Softening of Brain</i>		How long	<i>2 years</i>
Immediate	<i>"</i>		How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>W. C. Carrington</i>	
			Address <i>Washington</i>	
Accident or Suicide?		<i>No</i>		



Name
in
Full

Mary E Birkh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near Cumtoun ^{County} 2 aDate of death 1905 - ^{Month} 3 ^{Day} 31 ^{Years} 42 ^{Months} 0 ^{Days} 0Sex Female Color or Race White Birth-place Baroden CoOccupation House wife Where Residing if not at place of death 2 a CountyMarried, Single or Widowed Widowed Name of Wife or Husband Mrs BirkhFather's Name Mrs Williams Father's Birthplace UnknownMother's Maiden Name Caroline Ayers Mother's Birthplace 1 1 1Name of person giving information M Birkh How related to deceased Husband

CAUSES OF DEATH

Primary Lobar Pneumonia (93) How long Ten daysImmediate Lobar Pneumonia (Exhaustion) How long Ten days

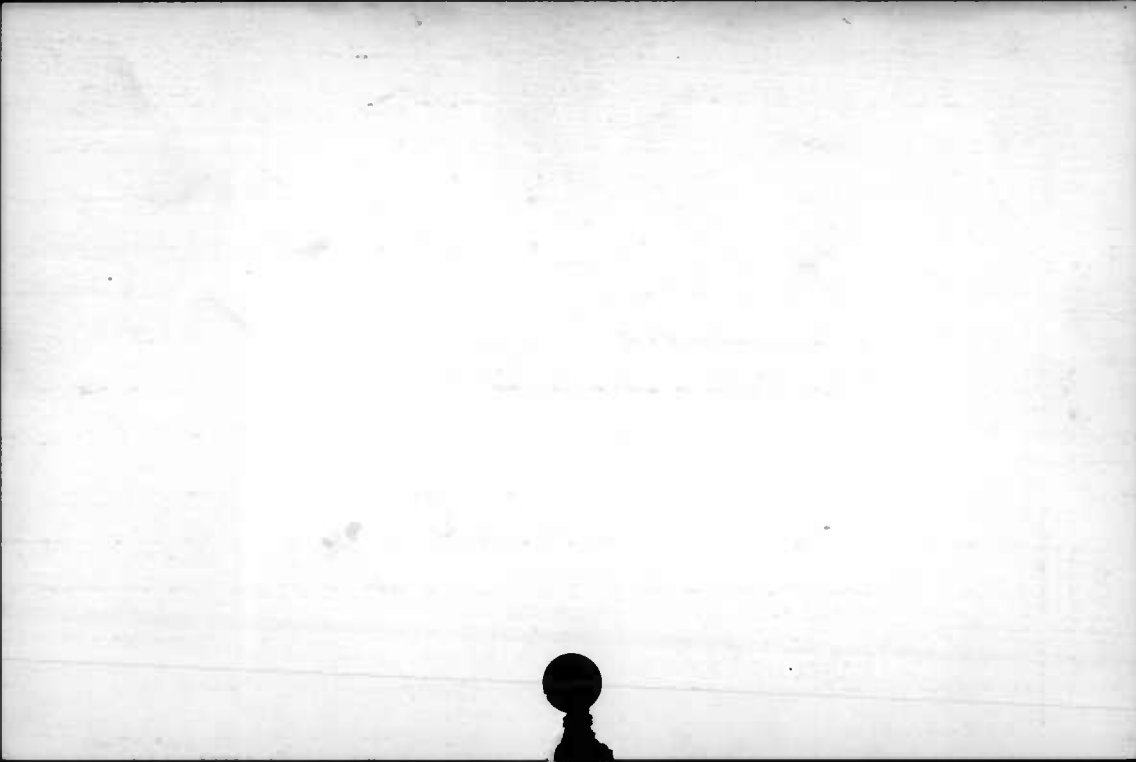
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Howard B. HopkinsGreenstown
MD.

Accident or Suicide?



Name
In
Full

Anna Maria Bordley

CERTIFICATE OF DEATH

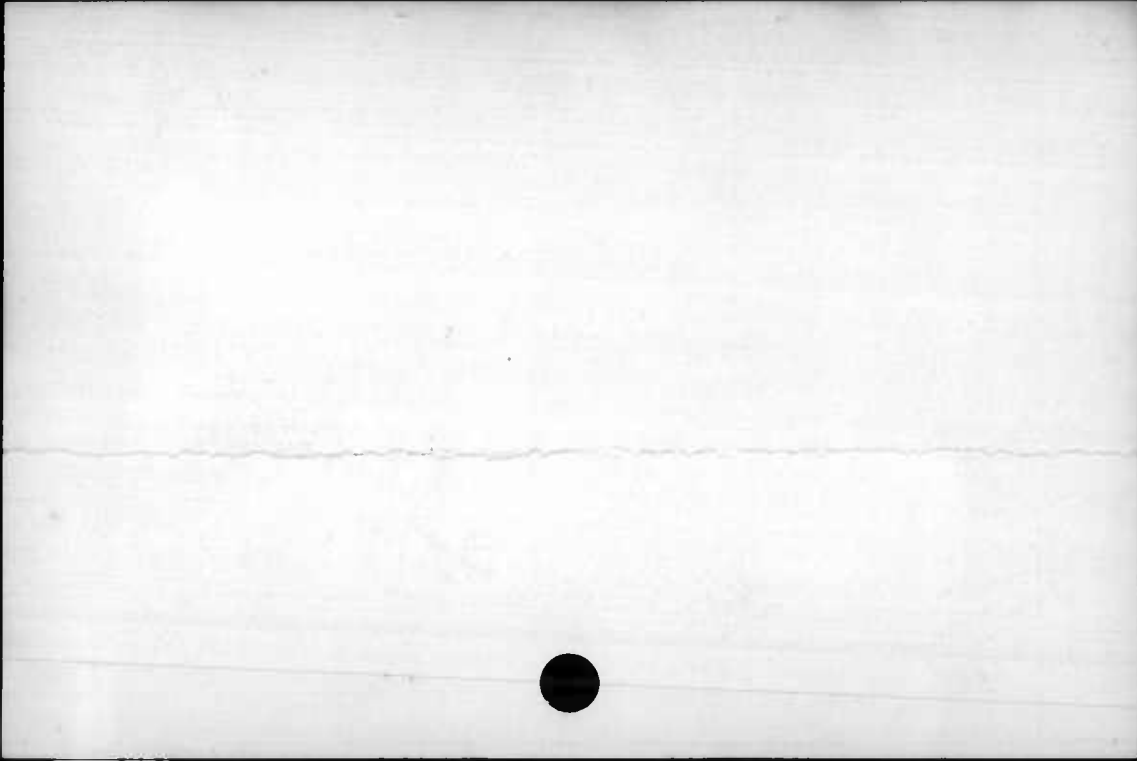
Died at ^{Town} <i>Centerville</i>		^{County} <i>Queen Anne's</i>		MARYLAND	
Date of death 190	5	Month March	23	Day Age	77
Sex <i>Female</i>		Color or Race <i>White</i>		Months	Days 13
Married, Single or Widowed <i>Widow</i>		Occupation <i>None</i>			
Name of Wife or Husband <i>James Bordley</i>					
Father's Name <i>Jeremiah Nicols</i>				Father's Birthplace <i>Md.</i>	
Mother's Maiden Name <i>Eliabeth Hackett</i>				Mother's Birthplace <i>Md.</i>	
Name of person giving In formation <i>Jas Bordley</i>				How related to deceased <i>SM</i>	



TO BE ANSWERED BY
NEAREST FRIEND

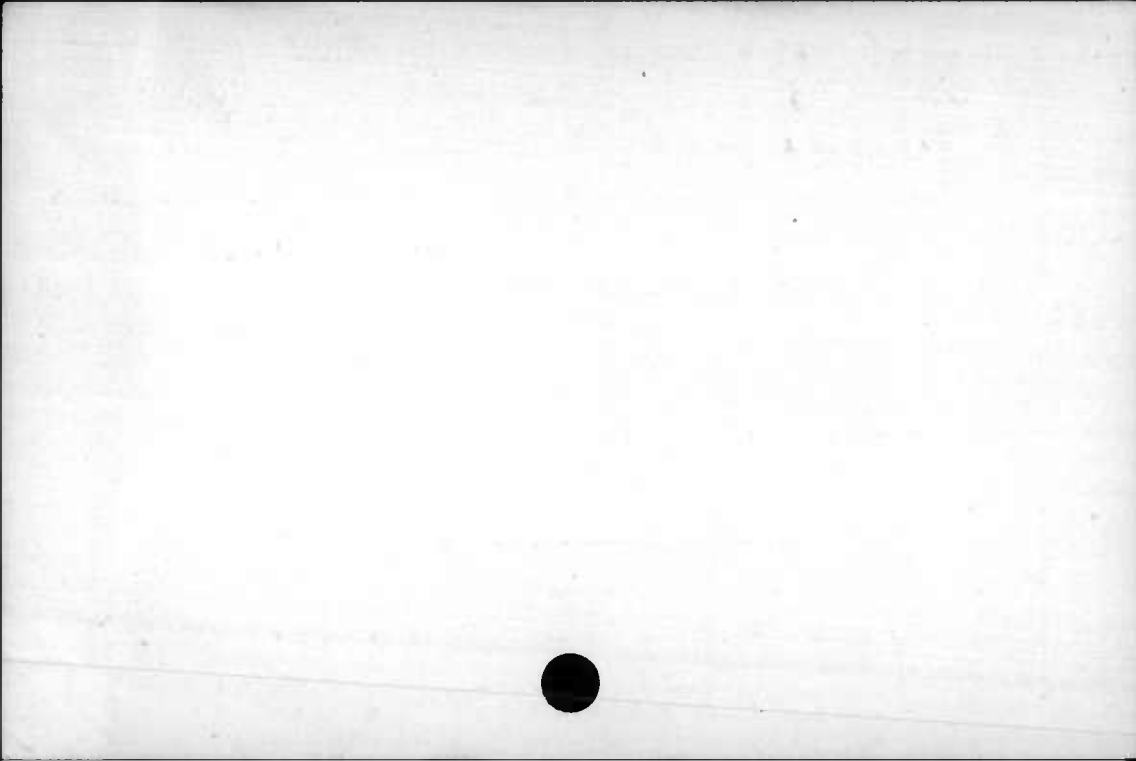
CAUSES OF DEATH

Primary	<i>Taloular Heart disease</i>	How long	<i>many years</i>
Immediate	<i>Pulmonary edema</i>	How long	<i>about 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jas Bordley MD</i>	
		Address <i>Centerville Md.</i>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name in Full		Charles Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Crumpton</i>		Town <i>Queen Anne's</i>		County		MARYLAND
	Date of death <i>1907</i>	Month <i>3</i>	Day <i>31</i>	Age <i>40</i>	Years	Months	Days
	Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Queen Anne Co</i>		
	Occupation <i>Farm laborer</i>		Where Residing if not at place of death <i>near Crumpton</i>				
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>				
	Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>		
	Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Lincoln Bordley</i>				How related to deceased <i>not related</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Consumption</i>				How long <i>Six months</i>		
	Immediate <i>Consumption</i>				How long <i>Six months</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. F. Hartley, M.D.</i>		Address <i>Crumpton Md</i>		
	<i>Yes</i>						
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Catherine Byrnes</i>		Town <i>near Hayden St.</i>		County <i>Queen Anne</i>		MARYLAND	
Died at <i>near Hayden St.</i>		Date of death <i>1905 March 11</i>		Age <i>70</i>		Months <i>-</i> Days <i>-</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth place <i>Queen Anne Co. Md.</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death <i>near Hayden St.</i>					
Married or Widowed <i>Widow</i>		Name of Wife or Husband <i>Alay Byrnes</i>					
Father's Name <i>Philip Byrnes</i>		Father's Birthplace <i>York Penna</i>					
Mother's Maiden Name <i>Dorothy Byrnes</i>		Mother's Birthplace <i>Dorothy Byrnes</i>					
Name of person giving information <i>Chas. H. Johnson</i>		How related to deceased <i>Grand Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>8 days</i>
Immediate <i>Asthma</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. G. Applegate</i>
	Address <i>Church Hill Ind</i>
Accident or Suicide? <i>No</i>	

Cluck down

Name
in
Full

CERTIFICATE OF DEATH

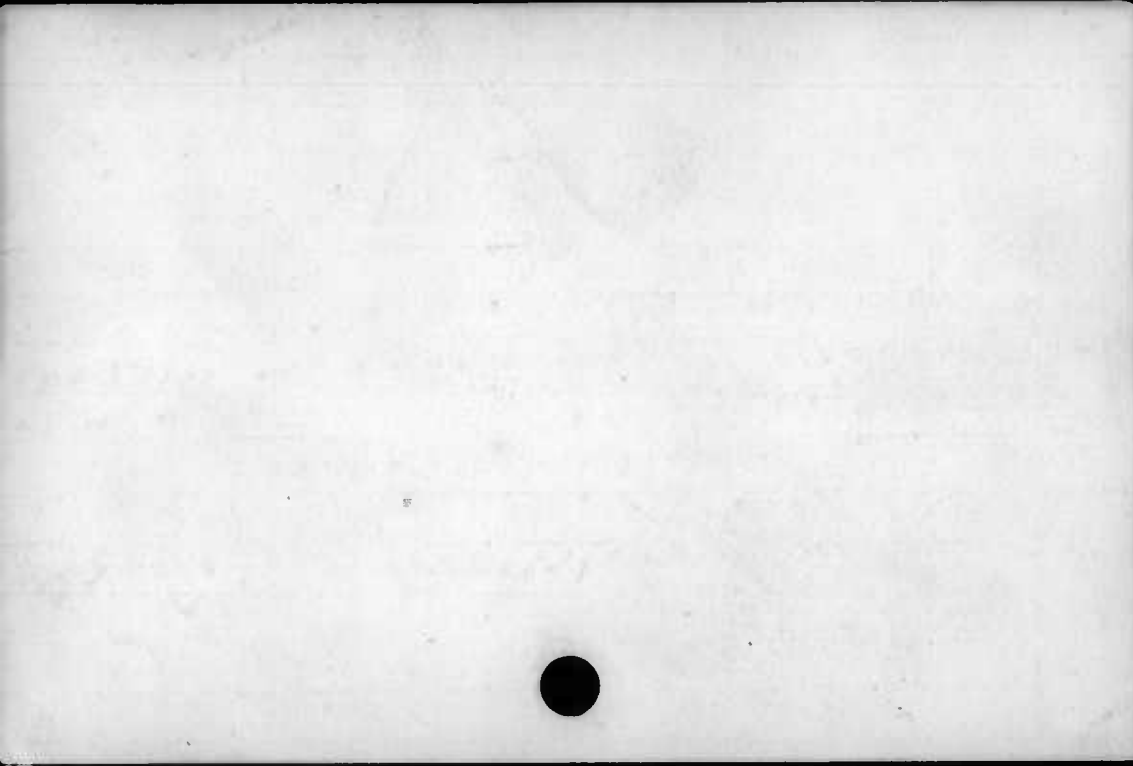
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Queen Anne* *2nd* *Co*Date of death *1905* *3* *24* Age *81* Months *1* Days *9*Sex *Female* Color or Race *White* Birth-place *Del.*Occupation *Housewife* Where Residing if not at place of death *with daughter*Married, Single or Widowed *Widow* Name of Wife or Husband *Henry N. Clark*Father's Name *John Harington* Father's Birthplace *Del.*Mother's Maiden Name *Rhoda Harington* Mother's Birthplace *Del.*Name of person giving information *Mrs. Joe Brown* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Catarhal Pneumonia* *(91)* How long *about 3 weeks*Immediate *"* How long *"*Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *T. Kohler Jackson*Address *Queen Anne*Accident or Suicide? *no*



Name
in
Full

Thomas Clendenning

CERTIFICATE OF DEATH

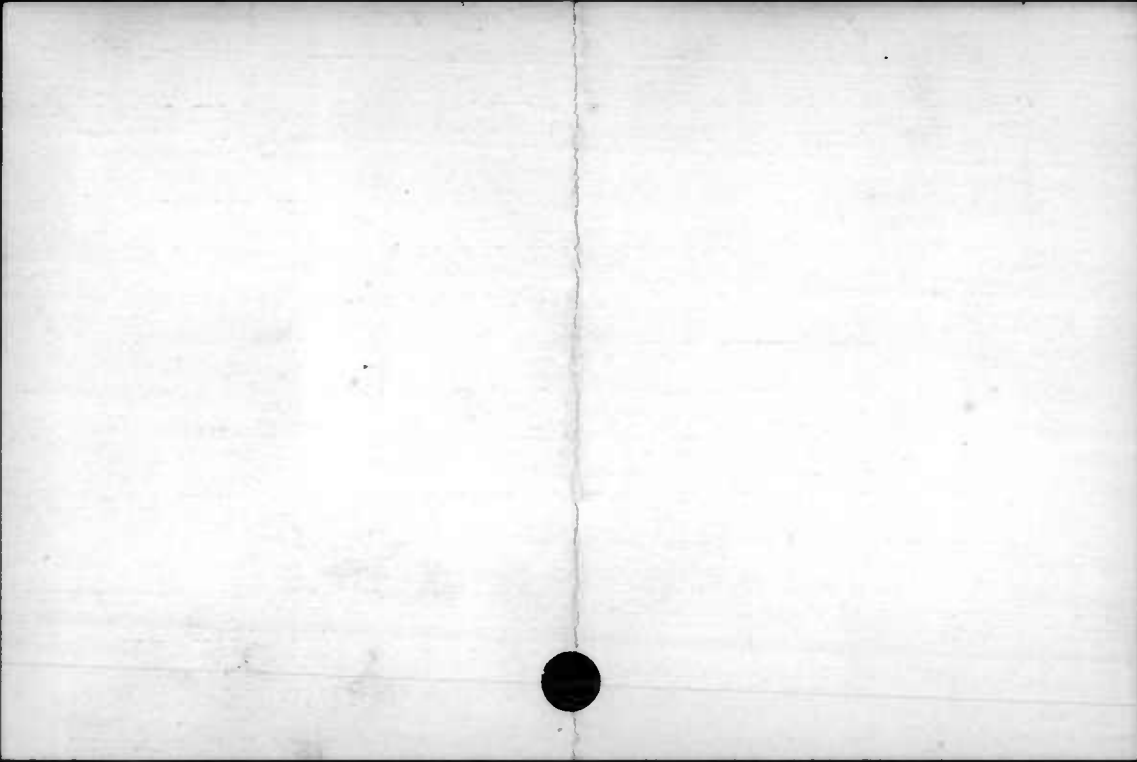
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>13 Barclay</i> ^{Town}		<i>Turner</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>3</i>	Day <i>5</i>	Age <i>34</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Henderson</i>		
Occupation <i>Painter</i>	Where Residing if not at place of death <i>Barclay</i>				
Maiden, Single or Widowed <i>None</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Ross Clendenning</i>	Father's Birthplace <i>Near English</i>				
Mother's Maiden Name <i>Florence Jones</i>	Mother's Birthplace <i>Near Henderson</i>				
Name of person giving information <i>Augusta Johnson</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Exposure and Cold</i>	How long <i>93</i>
Immediate <i>Typhoid Pneumonia</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frederick Snoddy</i>
	Address <i>Snoddyville, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Daisy Clough

Town

County

Died at

Near Burnsville

Laes

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death

1905

3

31

27

11

20

Sex

Female

Color or
Race

White

Birth-
place

Laes

Occupation

Housewife

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

Edward R. Clough

Father's
Name

Bourne Payne

Father's
Birthplace

Kent Co

Mother's
Maiden Name

Dochee

Mother's
Birthplace

Does not know

Name of person giving
Information

Edw. R. Clough

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Spinal Sclerosis

How long

3 1/2 yrs

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

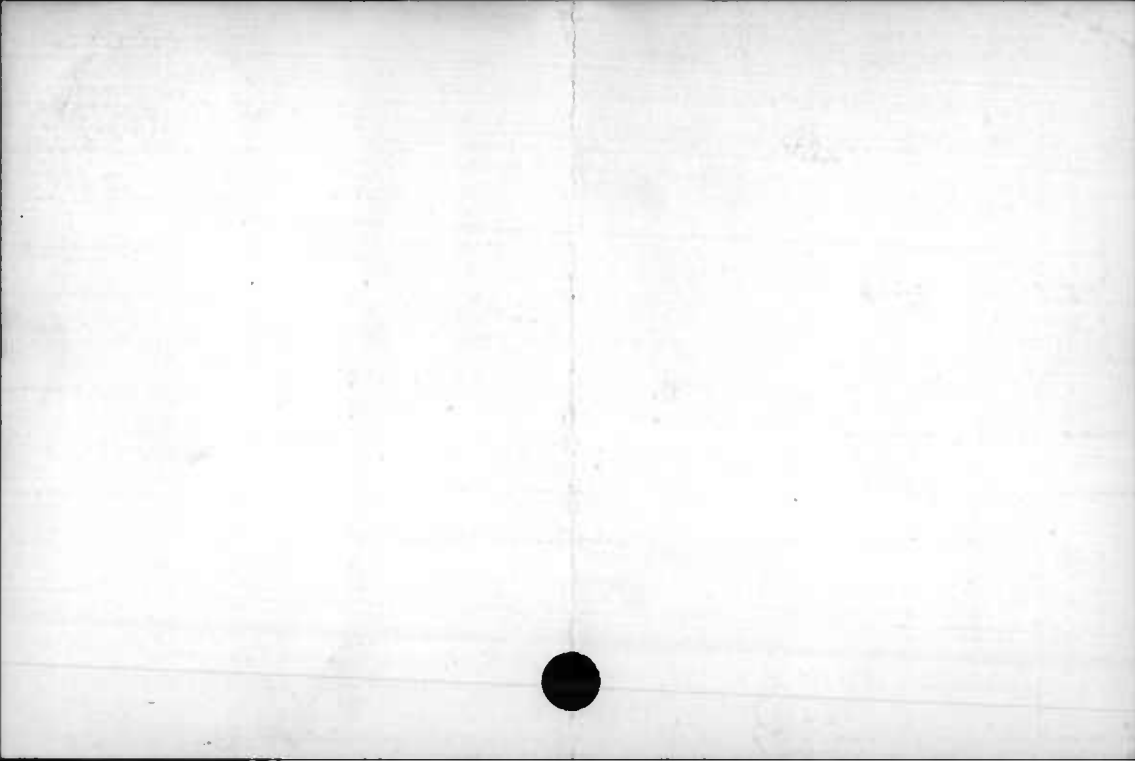
Signature of
Physician

Address

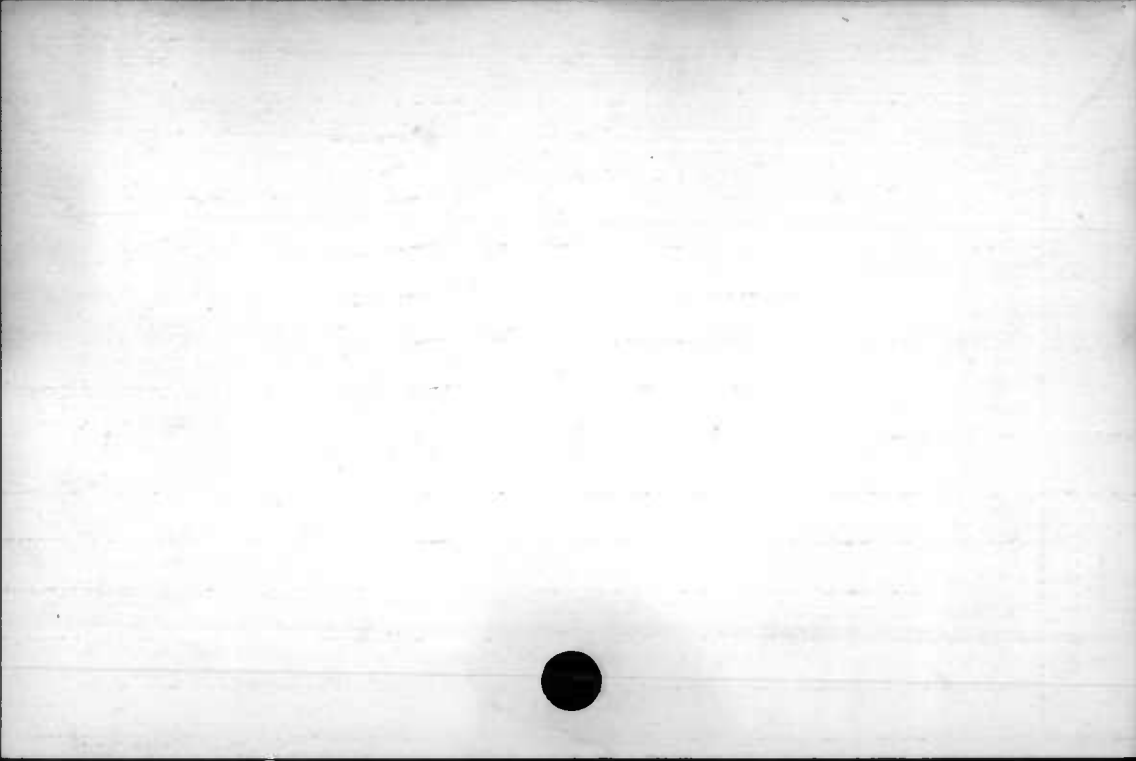
M. J. Orourke M.D.
Coulberville
Md

Accident or Suicide?

no



Name in Full		No Name.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Queenstown</u>		Town <u>2</u> County <u>ca</u>		MARYLAND		
		Date of death <u>1905</u>		Month <u>Mar</u>	Day <u>14</u>	Age <u>—</u>	Months <u>—</u>	Days <u>3</u>
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Queenstown</u>		
		Occupation <u>—</u>		Where Residing if not at place of death <u>"</u>				
		Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>				
PHYSICIAN OR CORONER		Father's Name <u>Ed H Councill</u>		Father's Birthplace <u>2 ca</u>				
		Mother's Maiden Name <u>Alice Pinner</u>		Mother's Birthplace <u>" "</u>				
		Name of person giving information <u>Ed Councill</u>		How related to deceased <u>Father</u>				
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary <u>Mental lead torn from body</u>		How long <u>48 hours</u>				
		Immediate <u>Hemorrhage from umbilicus</u>		How long <u>24 hours</u>				
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Howard R. Hopkins</u>				
				Address <u>Queenstown Md.</u>				
		Accident or Suicide?						



Name
in
Full

Benjamin Dudley

CERTIFICATE OF DEATH

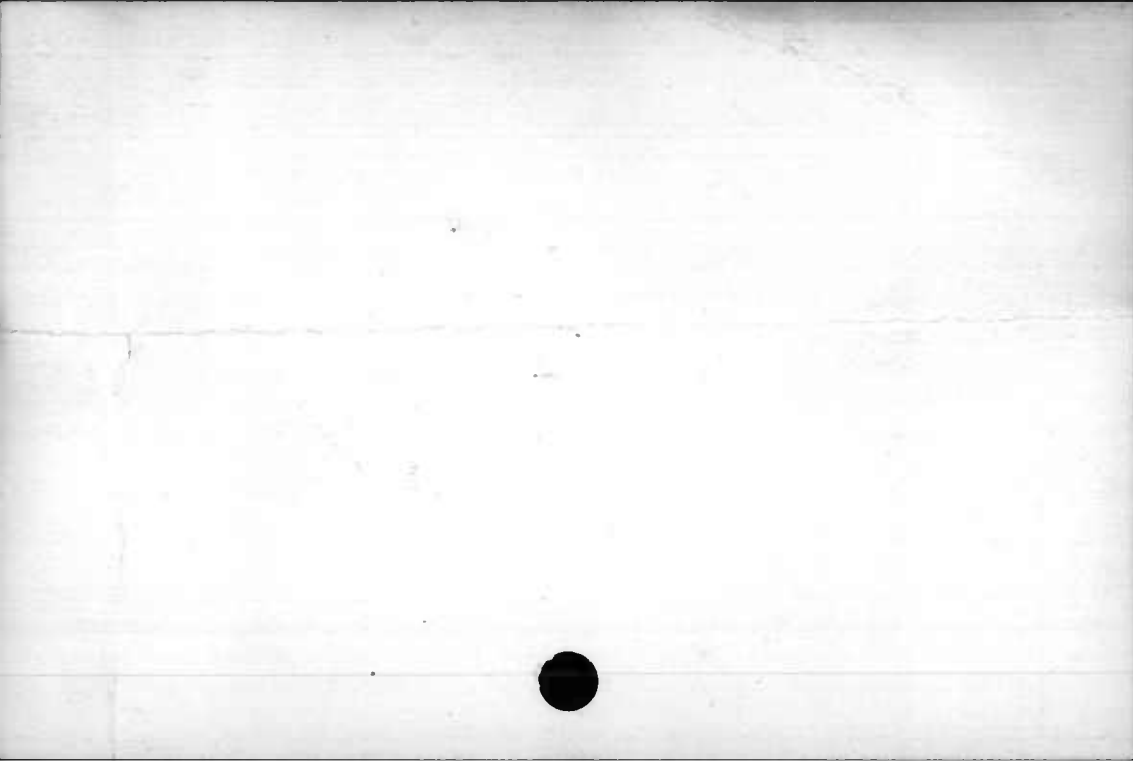
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>elm House</i>		Town <i>2. Annes</i>		County	
Date of death	1905	Month	March	Day	3
Sex	Male	Color or Race	White	Age	75
Occupation			Birth-place	<i>2. d C Md</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>x</i>			
Father's Name	<i>Don't Know</i>				
Mother's Maiden Name	<i>" "</i>				
Name of person giving information	<i>Wm Lester</i>				
Father's Birthplace					
Mother's Birthplace					
How related to deceased	<i>None</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Asthma</i>	How long	<i>6 years</i>
Immediate	<i>Natural decay</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ed Holton</i>	
Yes <i>yes</i>		Address <i>Centerville Md</i>	
Accident or Suicide?			



Name
in
Full

Mary A Emory

CERTIFICATE OF DEATH

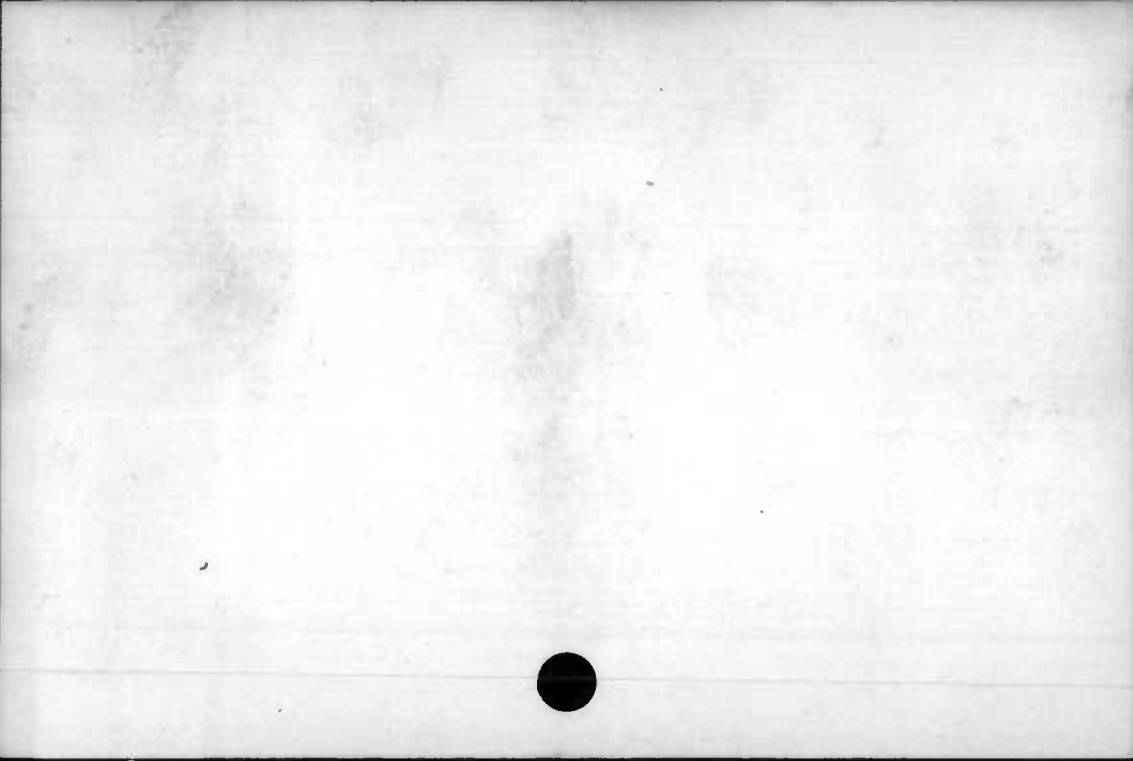
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centerville</i> <small>Town</small>		<i>Queen Anne's</i> <small>County</small>		MARYLAND	
Date of death 1905	<i>3</i> <small>Month</small>	<i>22</i> <small>Day</small>	Age <i>42</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Queen Anne's Co</i>		
Occupation <i>Housekeeper</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Frank Emory</i>			
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Eliza Rayley</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Frank Emory</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Six months</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Lucas Finley M.D.</i>
	Address <i>Centerville Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Aaron W. Forman

CERTIFICATE OF DEATH

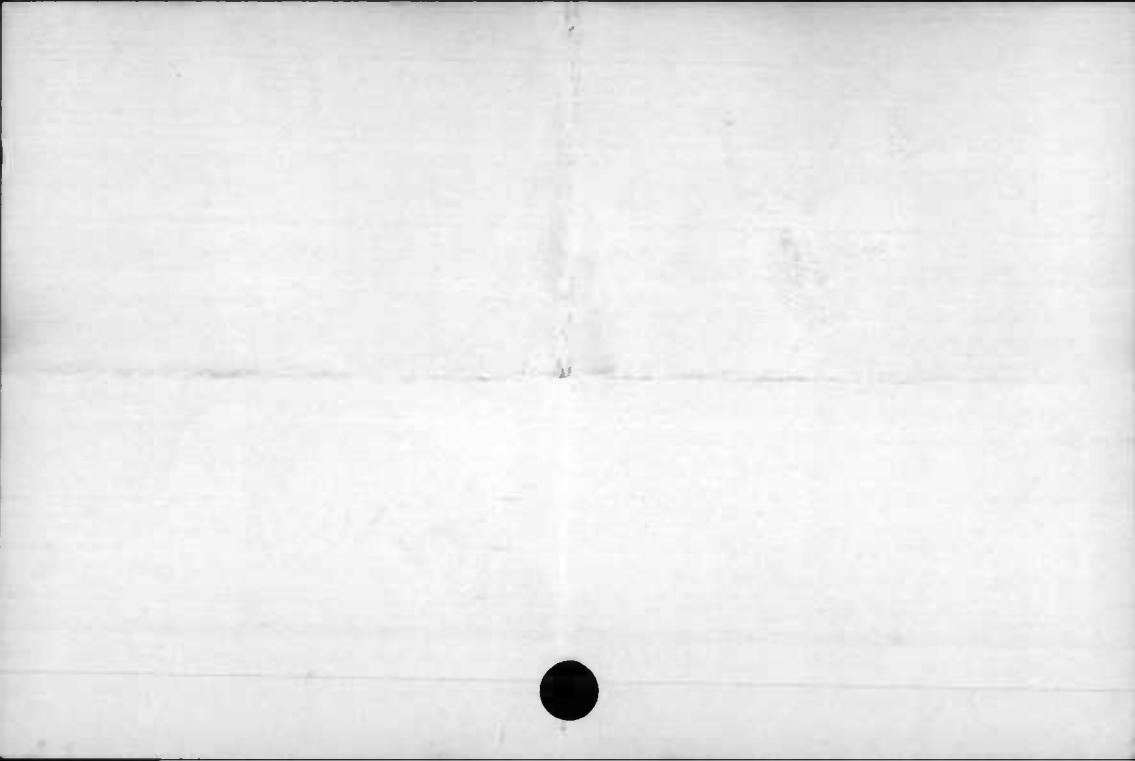
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ciderville</i> ^{Town}		<i>2nd</i> ^{County}		MARYLAND	
Date of death 190	<i>5</i> ^{Month}	<i>20</i> ^{Day}	Age <i>5</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>m</i>	Color or Race <i>blk</i>		Birth-place <i>md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Pere B Forman</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Anna Madden</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Sister Pere B Forman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

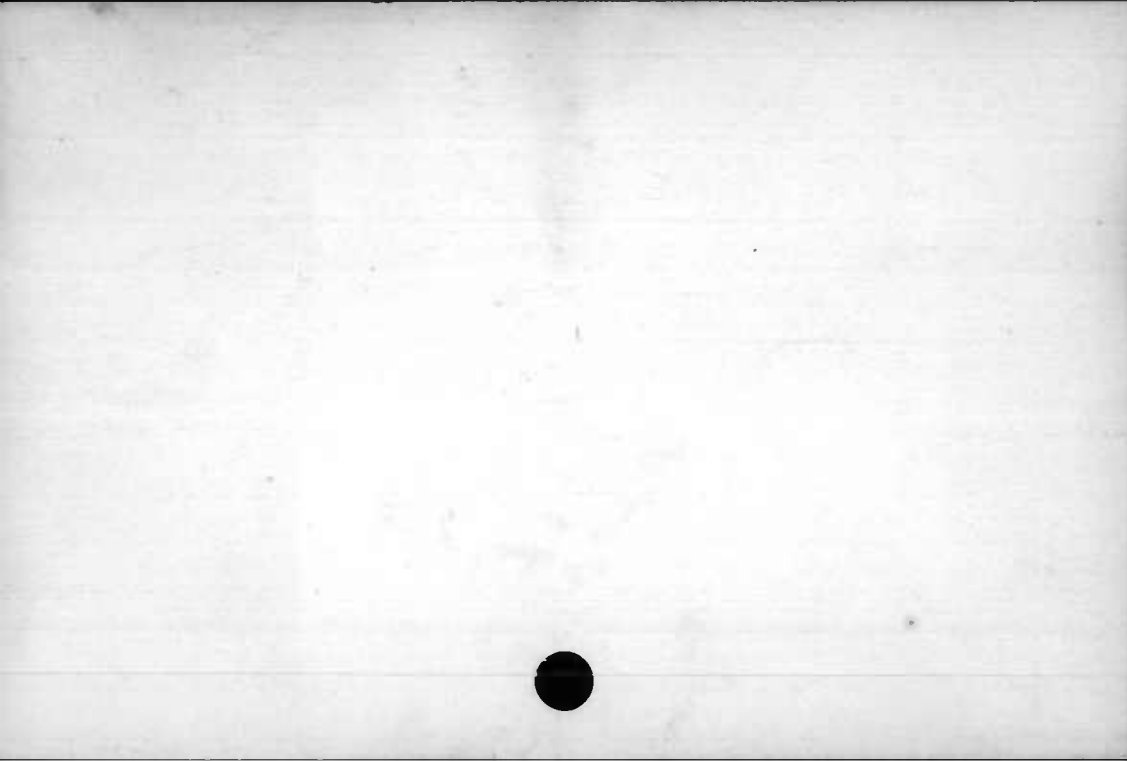
PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	<i>2</i> ^{How long}	<i>all life</i>
Immediate <i>Exhaustion</i>	<i>—</i> ^{How long}	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr J. Perry</i>	
	Address <i>Ciderville md</i>	
Accident or Suicide? <i>no</i>		



Name in Full Anna W. Gardner		Town Centreville		County D. C.		CERTIFICATE OF DEATH	
Died at Centreville		Date of death 1905		Month March		Day 11	
Sex Female		Color or Race Black		Birth-place D. C. Co		Years 25	
Occupation House work		Where Residing if not at place of death at place of death		Months		Days	
Married, Single or Widowed Single		Name of Wife or Husband Frank Gardner		Father's Name		Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information Frank Gardner		How related to deceased Husband					

CAUSES OF DEATH	
Primary Lagrippe	How long One month
Immediate Subacute	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. L. M. Taylor
	Address Centreville Md
Accident or Suicide?	



Name
in
Full

Rachael Harkless

CERTIFICATE OF DEATH

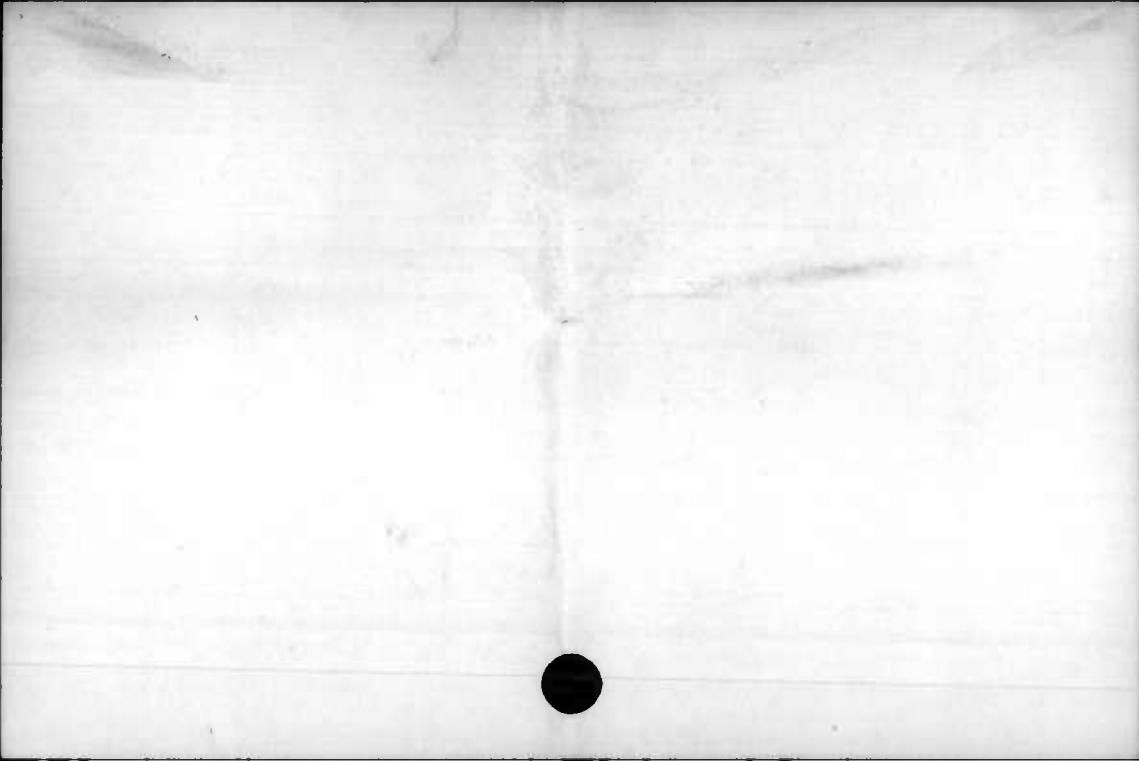
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wye Mills</i> <small>Town</small>		<i>Queen Anne's</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>Mar.</i> <small>Month</small>	<i>25</i> <small>Day</small>	Age <i>81</i> <small>Years</small>	<small>Months</small>	<small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Queen Anne's Co.</i>		
Occupation <i>Housekeeping</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>William Harkless</i>				
Father's Name <i>Geo. Ayers</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Anna Ayers</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving Information <i>Chas. Harkless</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old Age</i>	How long <i>15 Yrs</i>
Immediate <i>Paralysis</i>	How long <i>2 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. Stark</i>
	Address <i>Wye Mills Md</i>
Accident or Suicide?	



Name
in
Full

Goldie E. Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtville</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death 190	<i>5</i>	Month <i>3</i>	Day <i>18</i>	Age <i>15</i>	Months <i>2</i> Days <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Queen Anne Is</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>School</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Chas H Harris</i>			Father's Birthplace <i>2.A. Is</i>		
Mother's Maiden Name <i>Elizabeth B. Harris</i>			Mother's Birthplace <i>2.A. Is</i>		
Name of person giving In formation <i>Chas H Harris</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Myortrace</i>
	Address <i>Cumtville Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Not named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Ruthsburg* Town*Queen Anne* CountyDate of death *1905* Month *March*Day *24*Age *Still Born* Years Months DaysSex *Female*Color or
Race*Colored*Birth-
place*Ruthsburg*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's Name *David Hexter*Father's Birthplace *Whiteleyburg Md*Mother's Maiden Name *Mamie Handy*Mother's Birthplace *Ruthsburg Md*Name of person giving
In formation *David Hexter*How related
to deceased *Father*

CAUSES OF DEATH

Primary

Not known

How long

Still born

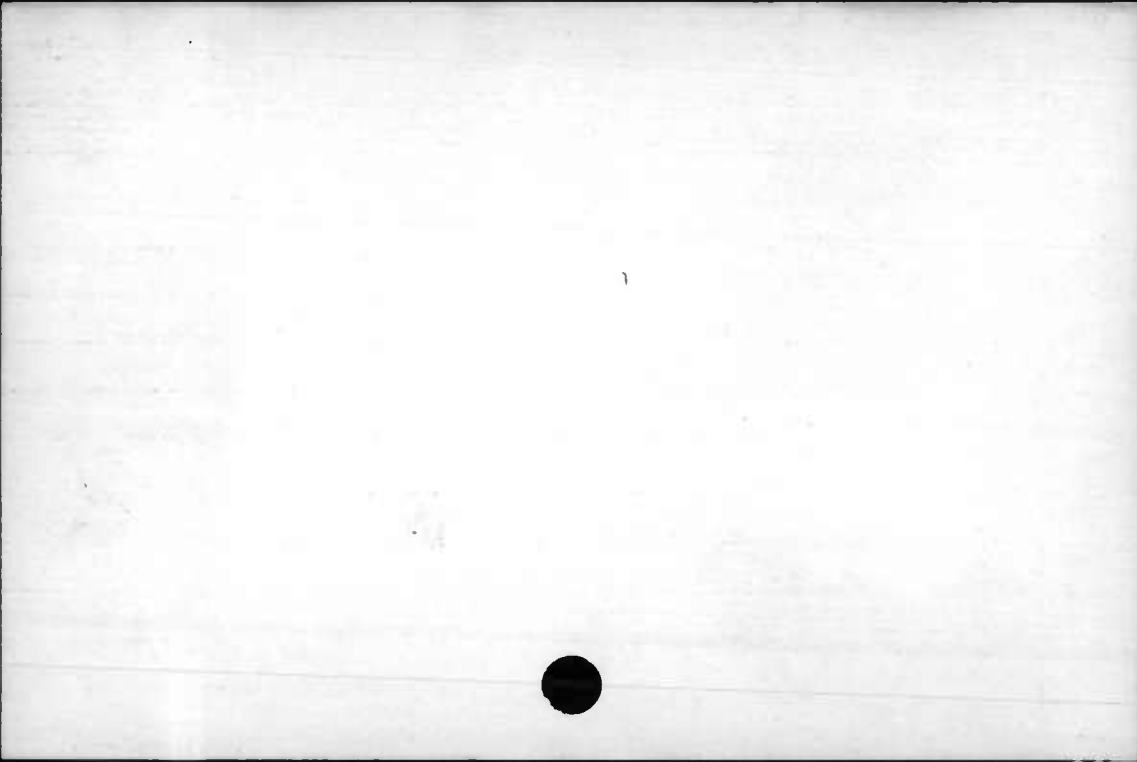
Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

Walter H. Hendry
Ruthsburg
Md

Accident or Suicide?



Name
in
Full

Ella Hines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Crumpton</i>		Town		<i>Queen Anne</i>		County		MARYLAND	
Date of death 190 <i>5</i>		Month <i>March</i>		Day <i>20</i>		Age <i>17</i>		Years	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Queen Anne Co Md.</i>		Months		Days	
Married, Single or Widowed <i>Single</i>		Occupation <i>House girl</i>							
Name of Wife or Husband									
Father's Name				Father's Birthplace)					
Mother's Maiden Name <i>Maria Hines</i>				Mother's Birthplace <i>Queen Anne Co. Md.</i>					
Name of person giving information <i>Maria Hines</i>				How related to deceased <i>Mother</i>					

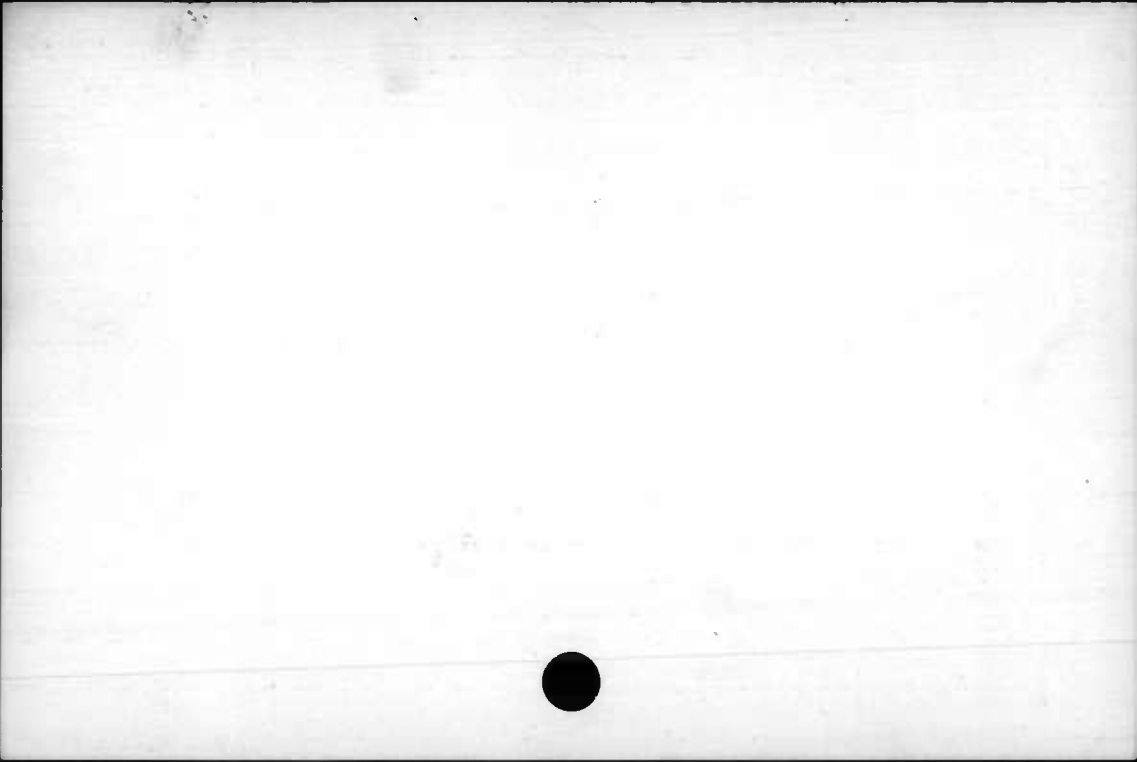
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Confinement</i>		How long <i>a few hours</i>	
Immediate <i>Puerperal Convulsions</i>		How long <i>12 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. N. Sheppard M.D.</i>	
		Address <i>Crumpton Md.</i>	
Accident or Suicide?			



Name in Full		TOWN				COUNTY		STATE			
Tony Hunter		Centreville		Dc		A. Co		MARYLAND			
Died at		Date of death		Month		Day		Years		Months	
1903		March		14		Age		12		Days	
Sex		Color or Race		Birth-place		Occupation		Where Residing if not at place of death			
Female		Black		D. A. Co		School girl		Centreville			
Married, Single or Widowed		Name of Wife or Husband									
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace					
Merck Hunter				D. A. Co							
Name of person giving information		How related to deceased									
Charles Berryman		Cousin									
CAUSES OF DEATH											
Primary		How long									
Pulmonary tuberculosis		I don't know									
Immediate		How long									
Exhaustion		I don't know									
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician									
Yes		Jas. Dordley M.D.									
Only paid me visit to child		Address									
Accident or Suicide?											



Name
in
Full

William A. Portin

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Near Church Hill ^{County} 2d Co.Date of death 1905 ^{Month} March ^{Day} 13 ^{Age} ^{Years} ^{Months} 2 ^{Days} —Sex Male ^{Color or Race} White ^{Birth-place} 2d CoOccupation ^{Where Residing if not at place of death}

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Jones. Trans York
Caroline County
Md

Name
in
Full

Rosie Potts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at near near Town Millington County Lancaster MARYLANDDate of death 1905 3 Month 13 Day 47 Age 47 Years Months DaysSex female Color or Race Black Birth-place mdOccupation house wife Where Residing if not at place of deathMarried, ~~Single~~ or Widowed Name of ~~Wife or~~ Husband James PottsFather's Name Perry Krishy Father's Birthplace mdMother's Maiden Name Pilla Groves Mother's Birthplace mdName of person giving information James Potts How related to deceased Husband

CAUSES OF DEATH

Primary

Cancer of womb

How long

5 or 6 yrs

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. H. Jacobs
Millington md

Accident or Suicide?

44

Name

in
Full

Joseph Rasin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Mye Island* ^{Town}*2 a* ^{County}

MARYLAND

Date
of death *1901-*Month *3*Day *27*

Age

Years *72*

Months

Days *10*

Sex

*Male*Color or
Race*White*Birth-
place*md*

Occupation

*Farmer*Where Residing if not
at place of death*Mye Island*Married, ~~Single~~
or WidowedName of Wife ~~and~~*Sarah Rasin*Father's
Name*Joseph Rasin*Father's
Birthplace*Kent Co, Md.*Mother's
Maiden Name*Henrietta Ringgold*Mother's
Birthplace*Kent Co, Md.*Name of person giving
In formation*Mrs Sarah Rasin*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

Prostatic enlargement

How long

Several years

Immediate

Retention of urine causing

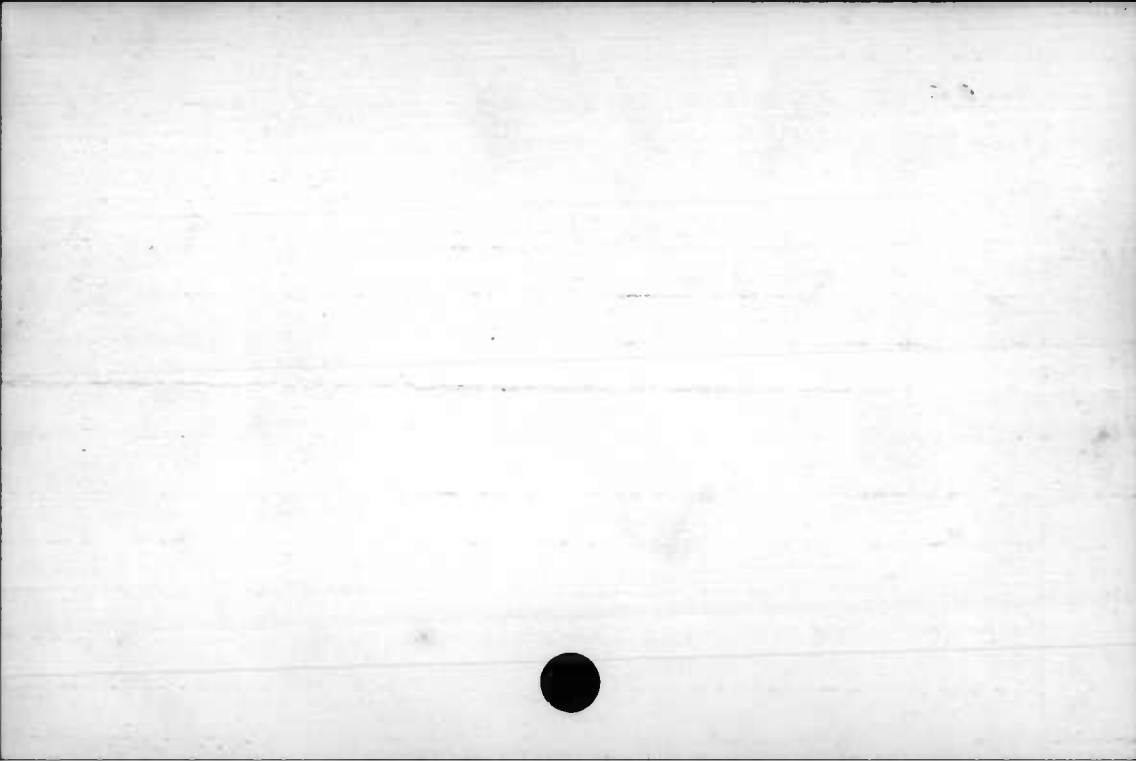
How long

*Several days*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Howard R. Hopkins*

Address

*2 Munster**Md.*

Accident or Suicide?



Name
in
Full

Charlott Simpson

CERTIFICATE OF DEATH

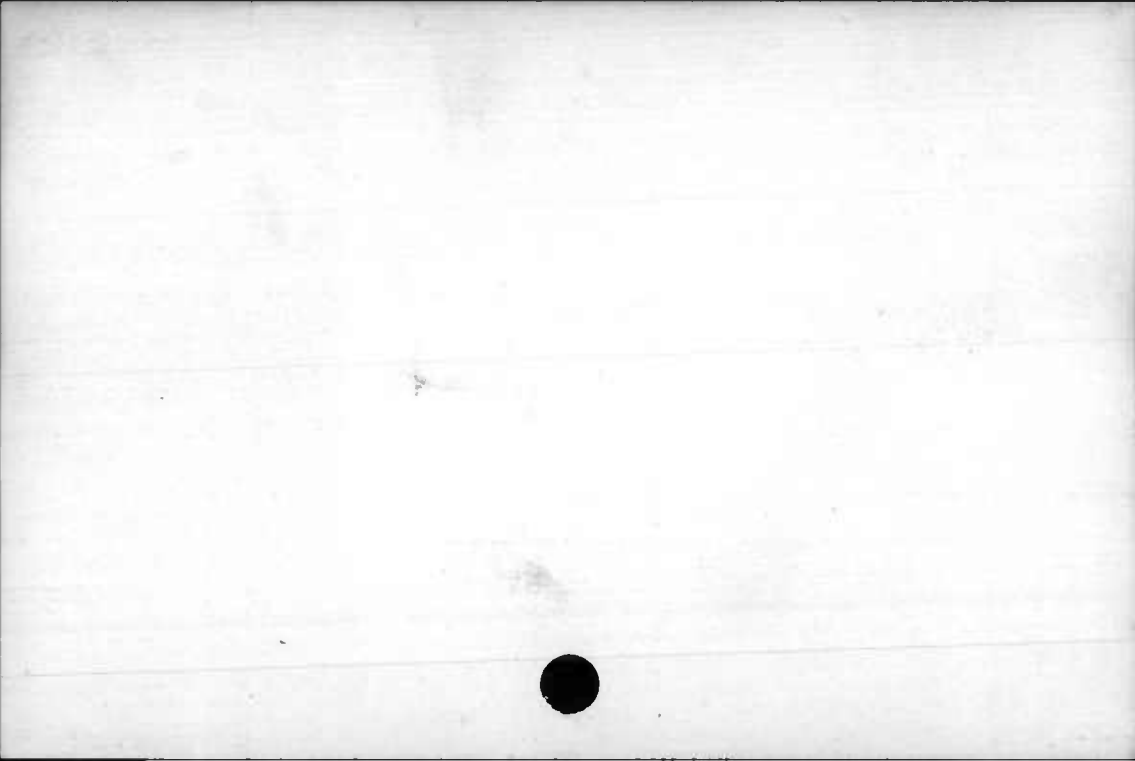
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hope</i>		County <i>Queen Anne</i>		MARYLAND					
Date of death		Month <i>March</i>		Day <i>18</i>		Age <i>62</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Caroline Co., Md</i>							
Occupation <i>Wash woman</i>				Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Simpson</i>									
Father's Name <i>John Johnson</i>		Father's Birthplace <i>Caroline Co., Md.</i>									
Mother's Maiden Name <i>Lizzie Travers</i>		Mother's Birthplace <i>Caroline Co., Md.</i>									
Name of person giving information <i>Alex Handy</i>		How related to deceased <i>None</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	} <i>3rd Stroke</i>	How long	<i>21 hours</i>
Immediate	<i>Coma</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Walter H. Fenby,</i>	
			Address <i>Ruthsburg,</i> <i>Md.</i>	
Accident or Suicide?				



Name
in
Full

Frederic Stack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ruthsburg</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month	<i>March</i>	Day	<i>2</i>
Age	<i>71</i>	Years		Months	<i>9</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Harmony, Md.</i>
Occupation	<i>Carpenter</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mary a Nichols</i>		
Father's Name	<i>Levin Stack</i>		Father's Birthplace	<i>Caroline Co, Md.</i>	
Mother's Maiden Name	<i>Betsy Rumble</i>		Mother's Birthplace	<i>Caroline Co, Md.</i>	
Name of person giving Information	<i>Leon L Stack</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism</i>	How long	<i>Two years</i>
Immediate	<i>General debility</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Walter H. Fenby</i>
		Address	<i>Ruthsburg, Md.</i>
Accident or Suicide?			

Mr. J. H. [illegible]

at [illegible]

March 27, 1871

Dear Sir,

I have

the honor

to acknowledge

the receipt of

your letter

of the 21st inst.

relative to

the

same.

I am, Sir, very

Respectfully,

Yours,

J. H. [illegible]

Very truly,

Name
in
Full

Mary Todd

CERTIFICATE OF DEATH

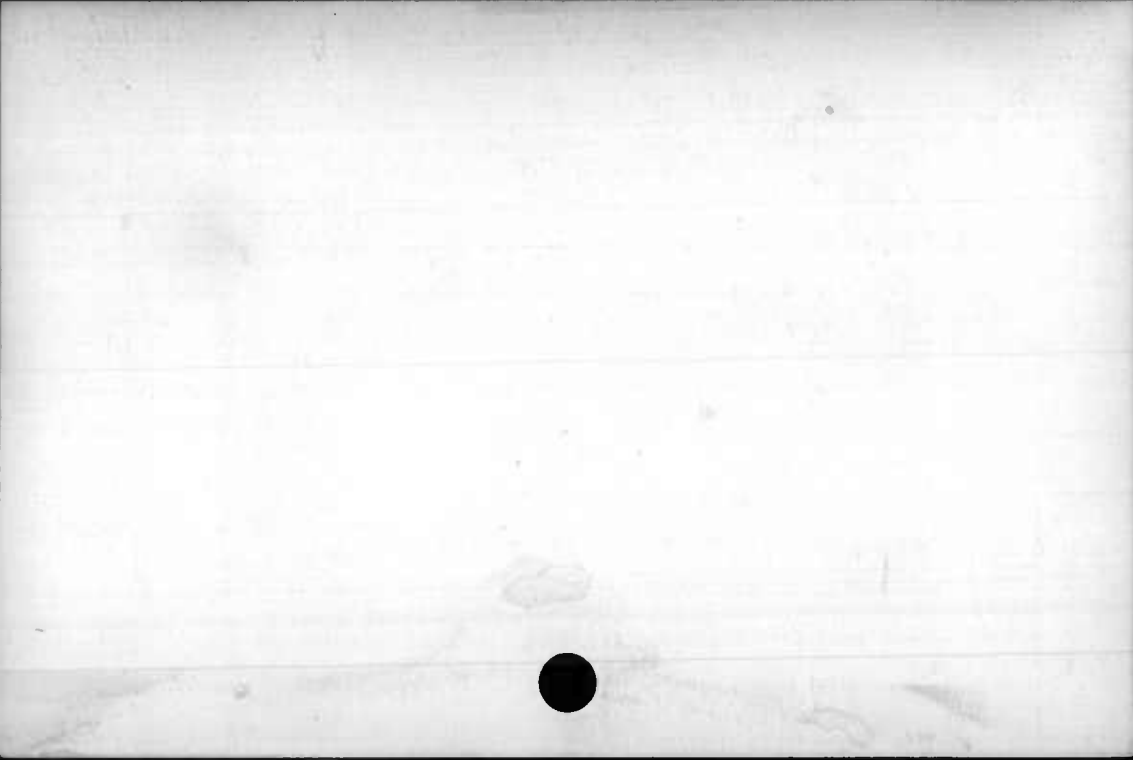
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bryantown</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death	<i>1905</i> Month	<i>March</i> Day	<i>27</i> Years	<i>31</i> Months	<i></i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Queen Anne Co.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Place of death</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Chas. Todd</i>				
Father's Name <i>James Marshall</i>	Father's Birthplace <i>Kent Co.</i>				
Mother's Maiden Name <i>Carrie Harris</i>	Mother's Birthplace <i>Kent Co.</i>				
Name of person giving Information <i>Mrs. Usilton</i>	How related to deceased <i>Adopted sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>Two years</i>
Immediate <i>Exhaustion</i>	How long <i>27</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Adams</i>
	Address <i>Queenstown, Md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

Rachel Turner

CERTIFICATE OF DEATH

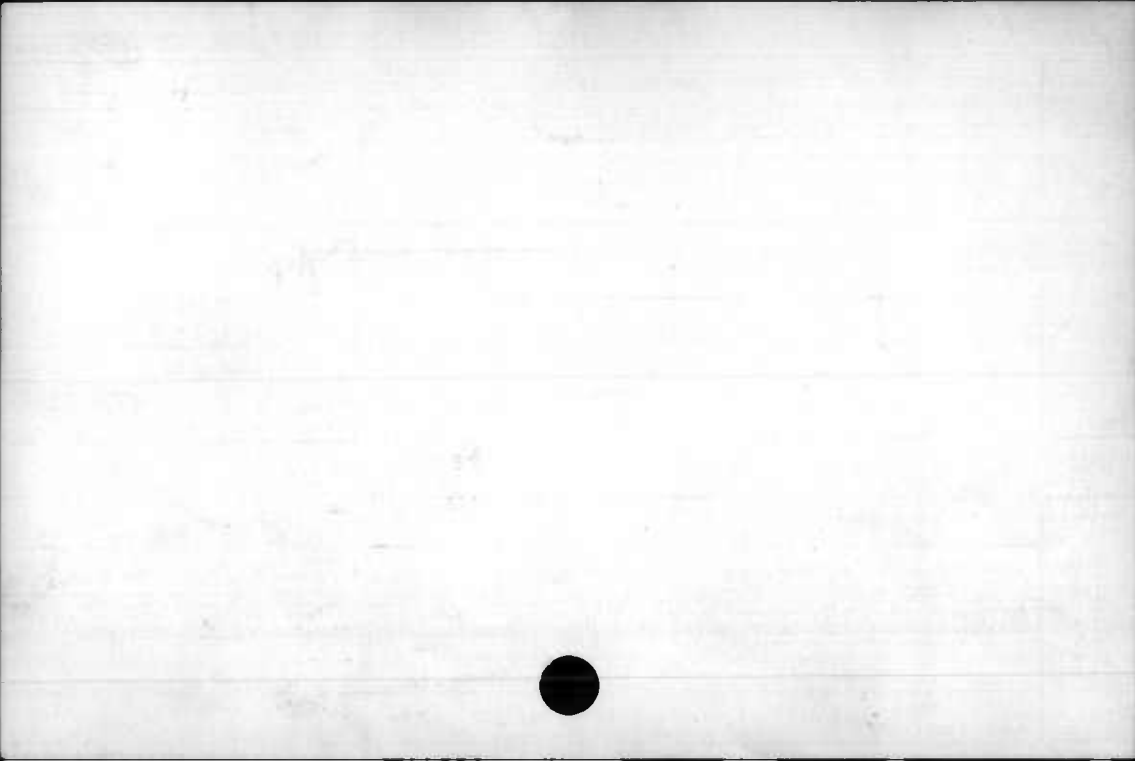
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barklay</i> ^{Town}		<i>Queen Anne</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month <i>3</i>	Day <i>25</i>	Years <i>112</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Don't know</i>			Father's Birthplace		
Mother's Maiden Name <i>Nancy Turner</i>			Mother's Birthplace		
Name of person giving Information <i>Perry Starkey</i>			How related to deceased <i>Son in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Age.</i>	<i>154</i> ✓	How long <i>as above</i>
Immediate <i>Pneumonia I think</i>		How long <i>Four days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. W. Sumner</i>	
	Address <i>Sudlersville Md.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mr Henry White</i>		Town <i>Chester</i>		County <i>La</i>		MARYLAND	
Died at		Date of death		Age		Months <i>2</i>	
		<i>1905 March 22</i>		<i>27</i>		<i>3</i>	
Sex <i>Male</i>		Color or Race <i>Color</i>		Birth-place <i>Kent Island</i>			
Occupation <i>Labor</i>		Where Residing if not at place of death <i>" "</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Birthplace <i>Kent Island</i>		Mother's Birthplace <i>" "</i>	
Father's Name <i>Eli White</i>		Mother's Maiden Name <i>Annie Roles</i>		How related to deceased <i>Father</i>			
Name of person giving information <i>Eli White</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Wraspy</i>	How long	<i>2 weeks</i>
Immediate	<i>Cardiac Asthenia</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. Chas. E. Myder</i>	
		Address <i>Stevensville Md.</i>	
Accident or Suicide?			

